

## Alaska Family Medical Care Fee schedule

This is our current fee schedule which is subject to change based on our costs 01/01/2019.

### Evaluation and Management codes:

<b>CPT</b>	<b>Service</b>	<b>Cost</b>
99205	New patient comprehensive visit	\$250.00
99385	New patient 18-39 years physical	\$325.00
99386	New patient 40-64 years physical	\$450.00
99214	Established patient problem detailed visit	\$400.00
99213	Established patient problem expanded visit	\$450.00
99394	Established patient 12-17 years physical	\$220.00
99395	Established patient 18-39 years physical	\$300.00
99396	Established patient 40-64 years physical	\$320.00
99202	New patient problem expanded visit	\$350.00
99203	New patient problem detailed visit	\$380.00

Anesthesia do not do any of these codes.

### Surgery

<b>CPT</b>	<b>Service</b>	<b>Cost</b>
69210	Ear irrigation	\$240.00
11200	Skin Tag removal	\$260.00
17000	Freezing wart	\$360.00
12001	Laceration finger simple repair	\$500.00
58100	Endometrial biopsy	\$735.00
57454	Colposcopy with biopsies cervix	\$550.00
11401	Removal skin lesion 6mm to 10mm	\$535.00
11400	Removal skin lesion 1mm to 5mm	\$360.00
10060	Incision and drainage cyst	\$515.00
57511	Freezing of cervix for abnormal cells	\$700.00

Radiology do none of these codes.

### Laboratory

<b>CPT</b>	<b>Service</b>	<b>Cost</b>
88175	Pap smear	\$125.00
87421	HPV	\$210.00
81002	Urine dip in office	\$50.00
87086	Urine culture	\$115.00
87210	Wet mount for vaginitis	\$65.00
86318	Strep screen in office	\$100.00
87804	Flu test in office	\$95.00
86580	PPD in office	\$90.00
87491	Chlamydia test	\$195.00
87591	Gonorrhea test	\$195.00

**Medicine**

<b>CPT</b>	<b>Service</b>	<b>Cost</b>
90471	Immunization administration adult	\$60.00
90460	Immunization administration child < 19 years	\$60.00
96372	Injection medication intramuscular fee	\$60.00
90715	Tdap tetanus diptheria pertussis adult vaccine	\$95.00
90707	MMR mumps measles rubella vaccine cost	\$150.00
90658	Adult influenza vaccine	\$30.00
90732	Pneumococcal vaccine adult	\$150.00
90734	Meningococcal vaccine	\$200.00
90669	Prevnar 13 vaccine for adults and children	\$300.00
90713	IPV polio vaccine	\$75.00

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We are a Blue Cross and Aetna preferred provider. These fees do not reflect what insurance actually pays for our services. We do not bill Medicaid, Medicare, or Tricare.